

IT Architecture Practitioners Conference

New York, USA July 18-20, 2005

in association with The Open Group Member Meetings, July 18-22



Deadline to register by fax is Wednesday, July 13, 2005

PASS TYPE (refer to the conference [fees page](#) to calculate payment)

- Full Pass** (IT Architecture Practitioners Conference, open sessions, plus dinner event. Includes Forum Meetings for members)
- 1-Day Pass** (Forum Meetings and Open Sessions only; does not include Plenary). Specify date: _____
- 2-Day Pass** (Forum Meetings and Open Sessions only; does not include Plenary). Specify dates: _____
- Student Pass** (valid ID required and verified)
- Dinner Event** (Tue. July 19) Additional fee for those with Day Pass, Student Pass or guests.
 - Please add the dinner event to my Day Pass or Student Pass. \$93 per person
 - I wish to bring a guest to the dinner event. \$93 per person Bill me separately

ATTENDEE TYPE

- Non-Member Member Affiliate Member or Promotion Partner (enter organization or promotion code)

_____ -OR- _____

Name of Organization

Promotion Code

SESSIONS I WISH TO ATTEND

Conference Sessions

- IT Architecture Practitioners Conference (July 18-20)

Open sessions

- Introduction to The Open Group (for non-members)
- Information Assurance (Tuesday)
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Member Meetings

- All-Members Meeting
- Architecture Forum
- Directory Forum
- GES Forum
- Enterprise Management Forum/AQRM
- Messaging Forum
- Real-time & Embedded Systems Forum
- Security Forum

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ATTENDEE INFORMATION (please print)

Name _____ Email: _____

Job Title _____ Phone: _____

Company: _____ Fax: _____

Address (line 1) _____

Address (line 2) _____

City/State/Province _____

Post Code _____ Country _____

HOTEL RESERVATION Room allocation sold out. No further hotel reservations can be taken. You will need to book your own accommodations directly with the Westin or find an alternate hotel

Arrival Date: _____ Departure Date: _____

I am staying at the Conference venue hotel but will make my own reservation (please indicate dates above)

I will be staying elsewhere

CONFERENCE PAYMENT

Card Type: Amex Visa MasterCard

Account Number _____

Expiration Date: _____
Month Year

Total to be charged: \$ _____

Please enter the name and billing address information as it appears on your credit statement (if different from attendee information)

Name _____ Billing Address _____

_____ City/State/Province _____

Post Code _____ Country _____

How did you hear about this Conference? _____

Fax your registration to: +1 (415) 374-8293 (San Francisco) or +44 870 131-0418 (UK)